

## Universal Service Administrative Company

Schools & Libraries Division

## Administrator's Decision on Appeal – Funding Year 2015-2016

September 21, 2016

Wendy Willeford Palacios Library Inc 5711 Sugar Hill Dr. #18 Houston, TX 77057

Re: Applicant Name:

PALACIOS LIBRARY INC

Billed Entity Number:

141292

Form 471 Application Number:

1038343 2827633, 2827637

Funding Request Number(s): Your Correspondence Dated:

August 10, 2016

After review of the information and documentation provided, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your appeal of USAC's Funding Year 2015 FCC Form 500 Notification Letter for the FCC Form 471 Application Number referenced above. This letter provides an explanation for USAC's decision. The date of this letter also begins the sixty (60) day time period for appealing this decision. If your Letter of Appeal included more than one FCC Form 471 Application Number, please note that you will receive a separate decision for each funding application.

Funding Request Number(s):

2827633, 2827637

Decision on Appeal:

**Dismissed** 

Explanation:

• During appeal review of your FCC Form 471# 1038343 you requested to receive 12 months of service since the contract end date is not until 2018. FRN 2827633 and FRN 2827637 will remain canceled since there is a second application on appeal, 471# 1038357 being worked for the same issue. Therefore your appeal is dismissed.

If you wish to appeal this decision, you may file an appeal pursuant to 47 C.F.R. Part 54, Subpart I. Detailed instructions for filing appeals are available at: http://www.usac.org/sl/about/program-integrity/appeals.aspx.

We thank you for your continued support, patience and cooperation during the appeal process. Schools and Libraries Division Universal Service Administrative Company

DO NOT STAPLE

OMB Control No. 3060-0853

Do Not Write In This Area

OMB Control No. 3060-0853 Estimated time per response: 1.5 hours

## Universal Service for Schools and Libraries Funding Commitment Adjustment Request Form

(To be completed by schools, libraries or consortia.) Please read instructions before completing. FCC Form 500 Application Number: Applicant's Form Identifier: (To be assigned by administrator.) (Create your own code to identify THIS FCC Form 500) **Block 1: Applicant Information** 2. Billed Entity Number 3. Funding Year 1. Name of Billed Entity 2015 4. Complete Mailing Address of Billed Entity City State Zip Code Street Address, P. O. Box or Route Number **Email Address** Fax Number Telephone Number 5. Contact Person Information Contact Person Name wendy Mailing Address Street Address, P. O. Box or Route Number State Zip Code 5711 Sugar Hill DR #18 77057 **Email Address** Telephone Number Fax Number 281-450-5078 wwerate@yahoo.com Type of Adjustment (Check all that apply) Block 2: Services Adjustment □ Block 4: Equipment Transfer Notification

Vice Form 500

**Block 3: Cancellation or Reduction of an FRN** 

Billed Entity Name Palacios Library	4 Inc Contact Name Wend	y Willeford			
Billed Entity Number 14/292	Contact Telephone Number 281	-450-5078 Page 2_			
Block 2: Services Adjustment					
Remember: The Funding Request Number(s) (FRNs) listed on this form must be for the same Funding Year as listed in Block 1, Item 3.					
<b>New Service Start Date:</b> Complete if you wish to change the Service Start Date you listed on a previously filed FCC Form 486 in the funding year listed in Block 1, Item 3. This action will NOT increase funding.					
Contract Expiration Date: Complete if the contract expiration date has changed and you wish to report the change to USAC. This action will NOT increase funding but you could combine it with a funding reduction.					
<b>Service Delivery Extension:</b> Complete if you are requesting an extension of the deadline for delivery and installation of non-recurring services. You must submit this request to USAC on or before the September 30 following the close of the funding year. This action will NOT increase funding. <b>Note</b> : Complete the Contract Expiration Date (Item 7) also if your contract will expire prior to the installation or delivery of services.					
6. Service Start Date					
FCC Form 471 FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):			
7. Contract Expiration Date					
FCC Form 471 FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):			
1038357 2827641	3/7/2016	8/20/18			
Make as many copies of this page as needed					
correctly. Please number your pages 2A, 2B	, 2C, etc. and provide the number in	space provided in Block 2.			
8. Service Delivery Extension Reques	St				
FCC Form 471	FRN				
Certify the reason for the service delivery and installation request by checking one of the boxes below:					
☐ The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.					
☐ The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those					
services on a properly-submitted invoice for more than 60 days after submission of the invoice.					

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DO NOT STAPLE Billed Entity Name	Palacios Lit	WAVU IN Contact Name	Wendy Willeford			
Billed Entity Numb	1 9 1 1 12 12 101	Contact Telephone Numb	2011 - 70	_		
Block 3: Cancellat	tion or Poduction of a	n EDN				
Block 3: Cancellation or Reduction of an FRN						
Remember:	Remember: The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.					
<b>Cancel:</b> Complete if you wish to cancel an FRN. This action is irrevocable and the FRN cannot be reinstated later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.						
<b>Reduce</b> : Complete if you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN cannot be increased later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.						
			eted pages so that they are all processed number in space provided in Block 3			
9. Cancel FRI		, ob, oo, etc. and provide the	number in opace provided in Brook o			
FCC Form 471	FRN (s) (list i	ndividually)	Write in "CANCEL ALL" below if you wish to cand all FRNs on FCC Form 47			
1038343	282763	3	cancel all			
1038343	282763	7	cancel all	0		
10. Reduce FR		Air				
FCC Form 471	FRN(s)	FRN(s) Original Commitment New Commitment Amount from FCDL Reduction				
			*:			

DO NOT STAPLE Billed Entity Nan		ibran Inc Contact Name	Wendy Wille ford		
Billed Entity Nur	mber <u>14129</u>	Contact Telephone Num	nber <u>281-450-5078</u> Page 4_		
Block 4: Equipm	nent Transfer Noti	fication			
Remember: The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.					
eligible er maintain	ntities within three y detailed records do	ears of the date of purchase. Both t	ng equipment from a closed entity to other the transferring and receiving entities must on for the transfer for at least five years (or time of this certification).		
Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 4A, 4B, 4C, etc. and provide the number in space provided in Block 4					
FCC Form 471		FRN			
Closed Entity Nur	mber	Closed Entity Name			
Purchase Date	Transfer Date	Transfer Reason			
☐ Check here if tr	ansfer is temporary	. Enter projected return date			
List all entities red equipment. Receiving Entity(s		Receiving Entity Name (s)	Equipment Received Equipment name, make and model		

Billed Entity Name alacios Library To Contact Name Alacy Willeford			
Billed Entity Number 141292 Contact Telephone Number 281-450-5078			
Disable Constitution			
Block 5: Certification			
12. I certify that I am authorized to submit this form on behalf of the above-named billed entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein			
are true.			
13. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that			
the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate			
share of benefits from those services.			
14. I will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this			
certification), after the last day of delivery of discount services (or after the date of transfer for equipment transfers), (1) any and all records that I rely upon to complete this form and (2) all documents necessary to			
demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal			
service support program. I recognize that I may be audited pursuant to this application and the applicant must			
produce such records as required by 47 C.F.R. § 54.516.			
15. Signature 16. Date			
17. Printed name of authorized person			
Viktjane Mosier			
18. Title or position of authorized person			
Director			
19. Telephone number of authorized person			
361-972-3234			
20. Email address of authorized person			
21. Address of authorized person  326 Main St. Palacios TX 77465			
21. Address of authorized person/			
326 Main St. Palacios TX 77465			
22. Name of Authorized Person's Employer			

## FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

A paper copy of this form, with an authorized signature in Block 5, Item 15 should be mailed to:

SLD Form 500 P. O. Box 7026 Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD Forms ATTN: Form 500 3833 Greenway Dr. Lawrence, KS 66046 888-203-8100